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## BIB DATA SHEET

CONFIRMATION NO. 2106

<b>SERIAL NUMBER</b> 10/565,340	<b>FILING or 371(c) DATE</b> 01/19/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 17609 (AP) PCT-US		
<b>APPLICANTS</b> David W. Old, Irvine, CA; Robert M. Burk, Laguna Beach, CA; Thang D. Dinh, Garden Grove, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/26607 08/16/2004 which is a CIP of 10/652,634 08/28/2003 PAT 7,015,243 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/22/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/REI-TSANG SHIAO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance R.S. Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Robert J. Baran Allergan, INC. 2525 Dupont Drive T2-7H Irvine, CA 92612 UNITED STATES						
<b>TITLE</b> Cyclohexyl prostaglandin analogs as rp4-receptor agonists						
<b>FILING FEE RECEIVED</b> 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		